

Capacity Building Center for States Podcast
HOW WE PARTNER WITH THE COMMUNITY TO IMPROVE SERVICE OPTIONS
Podcast 5: Data Sharing for Planning and Decision Making (field and stakeholder input)
TRANSCRIPT

ROBERT MATTHEWS [00:07]: And so once we began to implement those strategies over a year, it was now time for another QSR review. And so, from 2017 to 2018, the outcome was we went from 50% to 85% overall system rating. So, what that meant was that the partnership is working. It meant that us being co-located with the collaborators gave us a great opportunity to better engage those families because they felt comfortable. So that's just one way I believe that we can show from our qualitative perspective that these partnerships are working.

NARRATOR [00:44]: That was Robert Matthews in DC, talking about using data to measure how well strategies were working that they had put into place to make a clear path to safe case closure. I'll be talking with him and others in this episode of "How We Partner With the Community to Improve Service Options". I'm Betsy Lerner, and in this podcast series, we're talking with child welfare agencies and their community partners who are working to develop a service array that is responsive to families and youth, and asking the question, what strategies are helping them change their organizational culture to support putting families at the center of their work? Take a listen to episode 5.

[01:22]: [Music introduction]:

NARRATOR [01:27]: In the previous episode, you heard about START, a family-focused program that embodies many of the changes that Kentucky wants to see throughout its child welfare system. Kentucky found a way to expand START in their state when they saw the data. The numbers paint a picture of families with higher rates of sobriety and early recovery for parents and fewer children entering out-of-home foster care. I wanted to know more about how agencies use data to inform their planning and decision making, so I talked with representatives of child welfare agencies in Kentucky and Washington, D.C. I was especially interested in finding out how they collect and share data with their partner organizations. Robert Matthews and Natalie Craver, leaders for District of Columbia Child & Family Services Agency explain about how data influences their work.

[02:17]: [muted sounds of chatting between Robert, Natalie, Interviewer, Producer, or audio tech]:

ROBERT MATTHEWS [02:23]: Definitely under Natalie's leadership, we've been able to collect more data, which has helped informed how we should move forward in better supporting families and children.

NATALIE CRAVER [02:33]: Absolutely. Overtime, I mean, we've always collected data. How we use that data and our intentionality behind the data is something that we think with each year we're looking at our partnership and trying to understand how do we better serve families, how do we better target resources. And ultimately, the opportunity created by the Family First Prevention Services Act really gave us the opportunity in the past year to think really strategically around, we have a broad array of prevention services in the district. And we've been committed to that partnership for 21 years, as we've talked about.

[03:09]: But are we providing evidence-based interventions? Are families participating in those services? Even if not participating in those services, what are they resonating with? What are the right interventions to meet families' needs and how do we better target our resources to support that? So, our family first planning process had all five collaborators at the table for the entire process. We asked them to bring their own data to the table so that we could understand, what are you seeing in your specific collaborative, how does that match the data that we collect at CFSA in terms of reports of maltreatment and the different indices that we are looking at as a child welfare agency.

[03:46]: But we want to look more broadly at the child welfare system and seeing what do the community-based organizations see differently than we see the same information. So we had a really robust target population subgroup where we were thinking about, who are we going to focus on as part of the Family First Act.

[04:06]: And also some of our other sister agency partners as well. We had our DC Health at the table, our Public Health Organization, and we had our Department of Behavioral Health, which has all of our mental health and substance abuse services at the table. And we together sat down and said, OK, here's what we can see from each of our lenses. How do we now structure a set of services that are going to best meet families' needs across a spectrum of needs, knowing that not every family needs the same service and not every family has kids in the same age groups? And how do we make sure that we're providing the right intervention at the right time?

[04:38]: So we have looked at that from the lens of Family First. But we've also looked at that to understand that there are many families we currently serve that don't meet the letter of the family first legislation. And how do we serve those families? And we luckily have really strong mayoral support for Mayor Bowser to think about primary prevention strategies through a new initiative called Families First DC, that's going to help us really target primary prevention resources to families in some of our most vulnerable pockets of the city.

[05:05]: Families First DC is an initiative that the mayor has stood up to really focus resources in ward 7 and 8 where we know that 75% of reports of child abuse and neglect originate. And knowing that we have such a vulnerable number of neighborhoods within those wards that are very vulnerable, we wanted to really get close pinpointed down to the neighborhood cluster level area to say, where can we put resources, not to replace or create new government centers or to make new really government led organizations. But how do we use the community's needs? How do we leverage the families within their communities to say and the nonprofits in this committee to say, what do we need in our community and how do we build upon that versus adding something on top of?

[05:52]: Through a community advisory committees that are going to be created, the communities are themselves going to decide what their Family Success Center is going to look like. And we're going to over time stand up 10 family success centers to support those specific neighborhoods in the city. So, while we don't know and we think they're all going to look different--because not every community needs the exact same set of services--they're going to have government partners at the table, nonprofit partners at the table. But it's going to be really grounded in what the community advisory committee and the dedicated staff supports that are going to be there to help facilitate those conversations, and to help be the staffing of those centers.

[06:28]: But it could look like a church in one community where families already go, and they access weekly a food pantry there. But this is where families gather and where services are already there--so

instead of putting something else that would really take families in different directions, how to bring things to where families are and what they need in their communities.

ROBERT MATTHEWS [06:51]: One of the great things, too, about the partnership and the evolution and getting the family voice is with our in-home units that we talked about. They actually are co-located with the collaborators. So, we have probably 10 units, of those, 50 social workers that are working in the communities working alongside the collaboratives because what we realized is that there needed to be definitely a strong partnership joint accountability between both the community-based providers and the public child welfare agency.

[07:23]: And so as families come in, we oftentimes do, not just for services, but they are asked about what is it that you're not saying, what are the gaps--which Natalie talked about previously--which then also helps us to inform what do we need to do. Here at CFSA we have a pretty robust needs assessment process that's annual. And so, we collect information from staff. We collect information from parent groups, both parents who have had kids separated for them as well as parents who are currently receiving in-home services, and from providers and from just community partners.

[08:03]: And collecting all of the information really provides a telling story. And understanding that you will receive information different from a parent versus from a provider, but then when you look at both it then helps us to inform our resource development plan. Which how do we resource these supports and services that the communities say we need? Which then leads into a more budgetary discussion--how we then are able to fund it. So, when you look at that particular type of cycle and process, gathering that information really helps us through how we resource it and then fund it at the end.

NATALIE CRAVER [08:40]: We took the same approach to our Family First planning where we started with our needs assessment. We didn't want to re-ask the same questions. We wanted to use the information we already collect. And then we had very focused groups with families and with providers providing some of these evidence-based services already to try to understand from both lenses, how do your families feel about these services and programs, what are they looking for, what works and what doesn't work.

[09:07]: And then from a provider's perspective on the same program--what are the challenges they face in getting families to participate and stay engaged with some more robust services that have very specific requirements? And we've learned a lot from that process. And we used the information and saw a lot of alignment with what we already thought we knew. But then hearing it is wonderful. And also really pressed upon us the importance of how case management and those dedicated community-based supports for families make such a big difference in whether or not families stay engaged with some of the other more robust interventions.

[09:42]: So we learned a lot from that process of including family and provider voice into the conversation, and not just only relying on what's the data telling us. But that really important feedback loop between data and conversation really helped us feel really strongly about the services we're putting in place.

NARRATOR [10:02]: I wondered about how the Department of Community-Based Services in Kentucky, used data. Here's Jessica Brown, an executive advisor in the commissioner's office.

[10:12]: [Muted office sounds, copier]:

JESSICA BROWN [10:16]: So, it's not just what does the number tell us? It's what's behind that number? What's the story?

[10:23]: And once you get the story behind it, then you can start addressing what's really problematic in the system. So, I think anecdotally we're starting to see that we're being very data informed about what's the story behind the number. When we're seeing bar graphs or charts, asking that next question, and making sure you're asking the person that's going to know.

[10:41]: In our prevention supports work group is part of the child welfare transformation, we looked at the family preservation program that we have, which encompasses a lot of different interventions around intensive in-home services, reunification, diversion, facts. And what we found was we were really getting astounding outcomes. So, at the end of the intervention, nearly 97% of those kids were maintaining in the home. And then we were tracking at six months and 12 months and seeing that while there was a decrease in maintaining in the home, it was still very high--high 80s.

[11:15]: So what we said was, how are we utilizing it? Do we need to expand it further? Who are the players that need to help us make that decision, and where do we need to get the information from? Because what we found was there was an underutilization. However, we were also hearing from the field that there were waiting lists.

[11:31]: So when you think of a statewide run system, you sometimes have a challenge in getting all of the accurate information from our different service regions. So, we garnered as much information as we possibly could, and what we learned was that our providers that we were contracting with were having some of the same challenges we were having with turnover. So, while there were slots available, they were having some capacity issues.

[11:56]: So while there was money there to spend, it wasn't serving the purpose it was meant to serve. So, we really took a very blunt look and said, well, what is it going to take? And, to me, that is a big question that is important when you're looking at transforming a system. What will it take in continuing to push that envelope?

[12:13]: So what we did was we learned that they needed to potentially increase in salaries for their workers that would be working intensely with these families. And so, we met with our Director of Financial Management and their staff to say, what are the different funding streams that really funnel into family preservation? Is there room for us to move some things around? And we actually were able to move it around. And we asked the providers, please submit us proposals. What we want you to propose is what is it going to take to eliminate waiting lists, and expand your service provision by 25%?

[12:44]: They all submitted that. We then met with our finance folks of course to say, is this feasible? And thankfully, we were able to do that. We're continuing to bring that conversation back to the table, particularly with the opportunities of Family First, and using 4E, or claiming 4E in a more flexible way, and really looking, can we restructure some of our funding, our services, and the funding streams that are servicing those contracts to really optimize service provision?

[13:11]: With that being said, that's what we're doing internally, but it's bigger than that when you look at how we really want to serve Kentuckians. This is not just what is in our budget in DCDS. It's what is public health offering? What is behavioral health and education offering? And how can we collaborate

together and really understand what can Medicaid assist with as well, because we're never going to be able to reach the full breadth of serving families if we don't collaborate together.

[13:38]: We had also talked about, particularly when we're looking at addressing particular needs, so if we're looking at the data on children that are exiting congregate care that are perhaps turning back into the system, and we have pulled all of this data, we've looked at how that could potentially impact our Family First efforts, and really looking at are we losing an opportunity to really support those families with ample reunification services? So, then it's answering that next question of, OK, what's our utilization like? If it is low, what's the story behind that?

[14:13]: Folks in central office are not going to know that. You have to ask the front lines what is behind that. Is it you have a concern with the quality of the service? Is there a waiting list that we're not aware of? Is there a misalignment for services, or maybe there's an alternative service that you're using. And it's just important that we have a clear picture so that we invest our time, energy, and resources in the intervention that's actually going to address what we're trying to address.

NARRATOR [14:46]: Data certainly should inform your agency's approach. But digging deeper to discover the story behind the numbers and pairing these numbers with feedback from the stakeholders involved, will open the door to new insights you can use to advance your agency's efforts.

[15:01]: Thanks for listening to the fifth episode of the podcast series How We Partner With the Community to Improve Service Options. I hope it's left you inspired and sparked ideas that you can put into practice at your agency.

NARRATOR [15:17]: This podcast was created by the Capacity Building Center for States funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau under contract number HHSP233201400033C.